

RE: *Jeannie Atienza v. Andrew Hall, et al.*

United States District Court - San Francisco, Case No. C19-03440 RS

EXHIBIT L

OFFICE OF THE SHERIFF-CONTRA COSTA COUNTY

CORONER'S DIVISION

DAVID O. LIVINGSTON, SHERIFF-CORONER



NAME: ARBOLEDA, LAUDEMER ATIENZA

AUTOPSY REPORT 2018-5119

POSTMORTEM AT: CENTRAL MORGUE, MARTINEZ, CALIFORNIA

DATE: 11/06/18 TIME: 0808 HR.

PLACE OF DEATH: SAN RAMON REGIONAL MEDICAL CENTER, SAN RAMON, CA.

DATE: 11/03/18 TIME: 1144 HR.

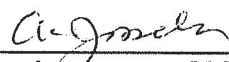
AUTOPSY FINDINGS

1. Fatal gunshot wound of left chest with left hemothorax, hemopericardium, passage through heart and left lung.
2. Four gunshot wounds to right arm.
3. Two gunshot wounds to right shoulder.
4. Superficial gunshot wound of left chest wall.
5. Gunshot wound across back.

CAUSE OF DEATH: GUNSHOT WOUND OF LEFT CHEST

(MINUTES)

DATE: 11-18-18
AJ/AVH


ARNOLD JOSSELSO, M.D.
FORENSIC PATHOLOGIST

EXTERNAL EXAMINATION

The body is that of a normally developed, normally nourished male, appearing the reported age of 33 years. The clothing on the body consists of a pair of black pants each lower leg having been cut, a pair of red-black - plaid boxer shorts and a gray sock on the left foot. Submitted with the body is a matching sock. The body measures 65 inches and weighs 167 pounds. The head is symmetrical without evidence of trauma. The scalp is covered with medium length black hair of normal male distribution. There is a slight beard and mustache stubble on the face. The face is symmetrical. The irides are brown and the pupils are round and equal. The sclerae and conjunctivae are normal. The external ears, nose, and lips are normally developed. There is no evidence of fracture or hemorrhage of the nose or mouth. The buccal mucosa and tongue show no lesions. The teeth are intact and in good repair. The ears reveal no evidence of trauma or hemorrhage. The neck is symmetrical, and the trachea is palpable in the midline. The chest, abdomen, back, upper and lower extremities are normally developed. The abdomen is flat and there are no visible abdominal scars. The external genitalia are those of a normal adult male. There are no needle tracks in the antecubital fossae. There are no transverse scars on the wrists. The hands, fingers and fingertips are intact and reveal no trauma. The back and posterior body surfaces reveal no abnormalities.

There are nine gunshot wounds to the body, only one of which (#1) is fatal. There are numbered #1-9 for convenience sake only. There is no soot or stippling on the skin about any of the entry defects making all nine gunshot wounds of distant or indeterminate range.

Gunshot wound #1 is a fatal gunshot wound of the left chest. The entry defect is located in the midline of the anterior chest, 39.5 cm below the top of the head. The entry defect is round measuring 1.2 cm with a symmetrical 3-5 mm abrasion margin. The bullet enters the left chest through the antero-medial left 3rd intercostal space, passes through the left ventricle, passes through the left upper lung lobe, exits the left chest through the lateral left 6th intercostal space and comes to rest on the lateral left upper back 19 cm below the top of the shoulder 20 cm to the left of the posterior midline. The bullet is recovered from the soft tissue and is a full metal jacketed medium caliber mushroomed bullet. This bullet, as well as the three bullets are given to attending technician J. Fong of the Sheriff's Office. The path of gunshot wound #1 is from the victim's right to left, front to back and slightly down.

Gunshot wound #2 is a gunshot wound to the right shoulder. The entry defect is on the top of the right shoulder. The defect is oblong measuring 1 cm with an anterior 3 mm abrasion margin. The bullet passes through the head of the right humerus, fracturing it, and comes to rest in between the right clavicle and right scapula where a mushroomed medium caliber lead core is recovered. The path of gunshot wound #2 is from the victims right to left.

Gunshot wound #3 is a gunshot wound to the right shoulder. The entry defect is located on the anterior right shoulder 6 cm below the top of the shoulder. The entry defect is oblong measuring 1 cm with an inferior 5 mm, superior medial and lateral 2 mm abrasion margin. This bullet passes through the head of the humerus and then passes through the right scapula comes to rest posterior to the right scapula where a medium caliber full metal jacketed slightly mushroomed projectile is recovered. The path of gunshot wound #3 is from the victims right to left.

Gunshot wound #4 is a gunshot wound across the back. The entry defect is located on the top of the right chest 13 cm to the right of the posterior midline. The entry defect is round measuring 7 mm with a 1 x 2 cm lateral abrasion margin. The bullet passes across the top of the back and comes to rest posterior to the upper left scapula where a medium caliber full metal jacketed slightly mushroomed bullet is recovered. The path of gunshot wound #4 is from the victims right to left.

Gunshot wound #5 is a superficial gunshot wound of the left chest wall. The entry defect is located on the lateral lower left chest wall 29 cm below the top of the head, 16 cm to the left of the anterior midline. The entry defect is oval measuring 8 mm with a 2-3 mm inferior abrasion margin. The bullet passes through the soft tissue of the chest wall and exits the anterior left chest 47.5 cm below the top of the head 6 cm to the left of the anterior midline. The exit defect is triangular-shaped measuring 2 cm. The path of gunshot wound #5 is from the victims left to right, back to front and up.

Gunshot wound #6 is a perforating gunshot wound of the left upper arm. The entry defect is located on the left upper arm anterolaterally 43 cm above the fingertips. It is round measuring 1.2 cm with lateral 2 mm abrasion margin. The bullet passes through the humerus fracturing it and exits on the upper left arm on the anteromedial aspect 42 cm above the fingertips. The exit defect is square measuring 1 cm. The path of gunshot wound #6 is from the victims left to right and slightly down.

Gunshot wound #7 is a perforating gunshot wound of the right forearm. The entry defect is located on the anterolateral lower right forearm 19 cm above the fingertips. The entry defect is oval measuring 8 mm with a superior 3 mm abrasion margin. The exit defect is located on the medial right posterior wrist 15 cm above the fingertips. It is oval and measures 1 cm. The path of gunshot wound #7 is from the victims right to left, front to back and down.

Gunshot wound #8 is a perforating gunshot wound of the right forearm. The entry defect is located on the posterior upper right forearm 35 cm above the fingertips. It is squared measuring 1 cm with an inferior and superior 2 mm abrasion margin. The bullet passes through the right forearm and exits the medial upper forearm 33 cm above the fingertips. The exit defect is round measuring 7 mm with a symmetrical 2-5 mm abrasion margin. The path of gunshot wound #8 is from the victims right to left, slightly down and slightly back to front.

Gunshot wound #9 is a graze gunshot wound on the anterior upper right arm 14.5 cm below the top of the shoulder. It measures 1 x 1.5 cm. Its direction cannot be determined.

EXTERNAL EVIDENCE OF MEDICAL THERAPY:

There is none.

INTERNAL EXAMINATION

The body is examined using the thoracoabdominal and posterior scalp incisions.

HEAD:

The reflected scalp, calvarium and base of the skull are unremarkable. The temporal muscles reveal no hemorrhage. On removal of the calvarium, there is no evidence of epidural, subdural or subarachnoid hemorrhage. The leptomeninges are thin and delicate. The tentorium, cerebellum and falx are intact. The vessels at the base of the brain have a normal configuration and show no arteriosclerosis. The brain is symmetrical and weighs 1580 grams. The convolutionary pattern is smooth and symmetrical. There is no evidence of herniation, contusion, laceration, softening or hemorrhage. Multiple coronal sections show no focal abnormalities. The cerebellum, mid-brain, pons and medulla show no abnormalities. The dura is stripped and reveals no abnormalities at the base of the brain. The orbital roofs are intact and unremarkable.

NECK:

No abnormalities are noted in the anterior strap muscles, hyoid bone, laryngeal cartilages, or cervical vertebral column.

BODY CAVITIES:

The right pleural and peritoneal cavities are free of fluid. The left pleural cavity contains 1500 ml of blood. The pleural and peritoneal cavities are free of adhesions. The pericardium is thin and translucent and has been perforated by a bullet and contains a small amount of blood. There are no pericardial adhesions. The diaphragm is intact and all organs are in their normal locations. The subcutaneous fat in the abdominal wall measures approximately 2 inches.

CARDIOVASCULAR SYSTEM:

The 260 gram heart has a normal configuration. The coronary arteries arise normally, follow a normal distribution. The coronary arteries show focal mild arteriosclerosis. The endocardium, pericardium, epicardium, myocardium and cardiac valves are normal throughout except for two gunshot wounds on the surface of the left ventricle and a gunshot wound through the IV septum. The papillary muscles and chordae are normal. The aorta and branch vessels show no arteriosclerosis.

RESPIRATORY SYSTEM:

The larynx and trachea are intact. The right lung weighs 370 grams and the left lung weighs 180 grams. The tracheobronchial tree follows its normal anatomic pathway and contains a slight amount of blood. Examination of the intrinsic pulmonary vessels reveals no thromboemboli. The cut surface discloses a gunshot wound in the left upper lung lobe.

GASTROINTESTINAL TRACT:

The tongue, esophagus, stomach, small intestine, and colon are unremarkable. The appendix is present. The stomach is empty.

HEPATOBIILIARY SYSTEM:

The 1080 gram liver has the normal size and shape. The capsule is intact. It has a normal consistency and a normal red-brown color throughout. Sectioning reveals no focal lesions. The gallbladder contains approximately 5 cc of red-brown bile of normal viscosity. The biliary tract is patent.

PANCREAS:

The pancreas is normal.

ENDOCRINE SYSTEM:

The thyroid and the adrenal glands are anatomically normal.

HEMO-LYMPHATIC SYSTEM:

The 50 gram spleen has an intact capsule and normal parenchyma. The white pulp is not visible. The lymph nodes are unremarkable.

URINARY SYSTEM:

The right and left kidneys each weigh 80 grams. The capsules are smooth and strip with ease. Sectioning reveals normal cortices, with a distinct corticomedullary junction and normal renal pelves. The ureters and bladder have a normal configuration, and the bladder contains 100 ml of clear urine. The bladder mucosa is normal.

REPRODUCTIVE SYSTEM:

The prostate gland is normal to palpation.

MUSCULOSKELETAL SYSTEM:

The injuries have previously been described.

SPECIMENS FOR HISTOLOGY:

Representative sections of the major organs are saved.

SPECIMENS FOR TOXICOLOGY:

Cavity blood is submitted for alcohol analysis and drugs of abuse. Vitreous humor and urine are retained.

iCassette drug screen test performed on the urine during autopsy is negative.

Urine dipstick is negative.

PRESENT:

B. Ward, Pathologist's Assistant
E. Solzman, Sr. Inspector, Contra Costa County District Attorney's Office
C. Jacquez, Detective, Contra Costa County Sheriff's Office
M. Ingersoll, Detective, Contra Costa County Sheriff's Office
J. Fong, Fingerprint Technician, CSI, Contra Costa County Sheriff's Office
S. Sigmon, Criminalist, Contra Costa County Sheriff's Office
B. Grove, Contra Costa County District Attorney's Office